Medication Audit Criteria and Guidelines **Drug Audit Checklist 1**

Reviewer:					Date:			
Cla								
Dru	1g: ca	ırban	nazepine (Tegretol®, Tegretol XR®, Carbitrol®)					
Audit#				Comn	nents	Requires Phys.Review		
Patient#							Yes	No
Ordering Physician								
INDICATIONS	Bipolar disorder and other cyclic mood disorders							
		Aggressive behavior secondary to a psychiatric disorder						
Contraindications		1.	History of anaphylactic reaction or similarly severe significant hypersensitivity to carbamazepine or tricyclic antidepressants					
	Absolute	2.	Current bone marrow suppression					
	Absa	3.						
		4.	Concomitant use of nefazodone					
		5.	Concomitant use of NNRTI (HIV) agents					
		1.	History of blood dyscrasias					
		2.	Myoclonic seizure, atonic seizures, absence seizures					
	Relative	3.	AV heart block					
		4.	Positive HLA-B *1502, HLA- A*3101- benefit must outweigh risk of serious skin reactions					
		5.	History of bone marrow suppression					
			Pregnancy/nursing mothers					
			Concomitant use of clozapine					

Drug Audit Checklist Revised January 30, 2015

Rev	iewe	r:			Date:							
Class:												
Drug: carbamazepine (Tegretol®)												
PATIENT MONITORING	Patient Monitoring Parameters	1. CBC with differential - baseline and 1 to 2 weeks after each dose increase, annually, and as clinically indicated										
		2.	Electrolytes – ba	seline and 1 to 2 weeks after se, annually, and as								
		3.	Hepatic function	- baseline, monthly for first nually and as clinically								
			Pregnancy Test; as clinically indi	baseline as appropriate and cated								
		5.	Carbamazepine linitiation, 3-4 we then as clinically									
		6.	For patients with for HLA-B*1502 initiation of carb	Asian descent, genetic test 2 at baseline (prior to the amazepine). May use usly completed testing.								
		7.	7. Consider HLA-A*3101 genetic testing at baseline for those to be considered at high risk (most common in Asian, Native American, European, and Latin American descents)									
		8.		emergency of suicidal								
				evels 4-12 mcg/ml								
			erapeutic ranges ed on the report.	for the lab used should be								
				o avoid stomach upset								
	Dosing	2. See DSHS/DADS Formulary for dosage										
	Dos		guidelines. Exceptions to ma	aximum dosage must be								
			justified as per n									
		<u> </u>	J									
	Date		Date	Comments			Physician's					
Re	eferr	ed	Reviewed				Signatur	e				
Additional Comments:												

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